



# Women and Medicine

## Women Physicians and Organized Medicine

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**L**ike most women, you won't practice. You're taking the place of a male student who *would* go out and practice medicine, but otherwise you have the qualifications so I can't reject your application." With these words from an assistant dean, I was admitted to medical school in 1962, one of five women in a class of 120. Currently about 16% of this country's physicians are women, and female students make up more than a third of today's medical school classes.

Times have changed for women in medicine, but in some ways they have not changed enough. For instance, although the number of practicing female physicians rises every year, the proportion joining organized medicine does not increase accordingly. It is difficult to convince women to join and more difficult to get them to participate. Thus, women physicians remain underrepresented in organized medicine despite their growing numbers. Why? After all, organized medicine speaks for *all* physicians, gender notwithstanding. It gives us all the opportunity to have some influence over factors that affect our practices. And, for female physicians, membership and participation in organized medicine helps overcome whatever prejudices may remain against women in medicine. So why don't more women join?

To answer this question and to solve the problem, the Council of the California Medical Association formed a committee on women in medicine in 1986. The committee is composed of about a dozen women physicians selected from various parts of the state and from different age groups, specialties, and practice styles. They represent their female colleagues and explore means by which organized medicine can better meet the needs of women physicians. The committee has adopted the following goals:

- To define and examine issues that are important or unique to women physicians;
- To make recommendations about the ways organized medicine can serve women physicians;
- To develop avenues that encourage the greater involvement of women physicians in organized medicine.

To achieve these goals, we began by conducting a survey of 1,300 California female physicians—500 who were members of their state medical association and 800 nonmembers. The response rates were 64% and 31%, respectively. The information obtained from the survey failed to reveal why more women do not join organized medicine. Demographic characteristics that our committee members thought might be important, such as marital status or number of children at

home, were consistent between members and nonmembers. And the majority of both groups of female physicians looked upon the state medical association as an "old-boys club." The survey did, however, give us a better understanding of how women physicians view organized medicine and of what they want organized medicine to do for them.

Based on the survey responses, the Committee on Women in Medicine is developing a program to recruit female physicians into the California Medical Association and to meet their needs. Because statewide recruitment is usually less successful than peer-to-peer contact at the county medical society level, our committee is encouraging county medical societies to form their own committees on women in medicine with whom we can coordinate activities. At the present time our committee members are beginning to recruit female physicians in their own counties who are not members of the state association by writing letters co-signed by the county medical society president. Follow-up mailings and telephone calls are also planned.

With assistance from the Committee of Medical Student Representatives, our committee has organized a mentor pilot program at the Loma Linda (California) School of Medicine. Women physicians practicing in the community are being asked to serve as mentors to women students at the medical school. These mentors will advise the students about medical practice, provide them with information about organized medicine, and discuss various problems shared by women physicians. If the mentor program succeeds at Loma Linda, similar programs will be established at the other medical schools in California.

To address concerns particular to women physicians, the committee plans and presents workshops in both the northern and southern parts of our state. Most of the members and nonmembers surveyed favored this idea. They want to hear about solutions to career and family conflicts, leadership training, and practice management. The committee also solicits authors for articles about women's issues for publication in the medical association's socioeconomic journal, *California Physician*.

We committee members think that it is important for us to remain visible to the rest of the organization by taking a stand on matters that affect women generally. Thus, each year we introduce resolutions before the House of Delegates of the California Medical Association. In 1988 the house adopted our resolution urging medical training facilities to establish on-site child-care centers for the benefit of medical trainees.

(McDonald LL: Women physicians and organized medicine, *In* Women and Medicine [Special Issue]. West J Med 1988 Dec; 149:777-778)

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The California delegation introduced the resolution to the 1988 American Medical Association House of Delegates, who also referred the resolution for action.

Our Committee on Women in Medicine has initiated a liaison with the California State Bar Committee on Women in the Law. Many interests and concerns are common to women in all professions, and an exchange of ideas can be enlightening and useful.

Through the activities of the Committee on Women in Medicine, we want to communicate the message that organized medicine is for *all* physicians. As their number increases, women physicians cannot remain in the background, letting others set the policies for them. They must participate in the decision-making process. When enough of them do so, a committee like ours may no longer be needed; that is our ultimate goal.

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*A blank wall of social and professional antagonism faces the woman physician that forms a situation of painful loneliness, leaving her without support, respect, or counsel.*

Elizabeth Blackwell (1827 to 1910)